

JOBS CREATION COMMITTEE

Thursday, August 18, 2016

at 9:00 AM

Government Center South,

Conference Room 23

Indianapolis, IN 46204

I. CALL TO ORDER & ESTABLISHMENT OF QUORUM

Chair Frye called the Jobs Creation Committee to order at 9:35 AM.

Chair Frye established a quorum with 6 voting members present pursuant to IC 25-1-16-7.

Members Present:

Debbie Frye, Chair

Joseph Habig

John Wright

David Miller (Designee of Allen Pope, *Office of the Attorney General*)

Barbara Underwood

Lori Duncan

Ben French

Members Absent:

Colonel Richard Wilson

IPLA Staff Members Present:

Trent Fox

II. REVIEW & ADOPTION OF AGENDA & JUNE 16th MEETING MINUTES

Chair Frye asked everyone to review the July 21st minutes. Seeing no corrections, Chair Frye asked for a motion. Mr. Wright moved to adopt the day's agenda and the June 16th meeting minutes. Ms. Underwood seconded, and the motion passed by consent.

III. COMMITTEE REVIEW OF INDIANA BUILDERS ASSOCIATION APPLICATION

Rick Wajda, CEO - Indiana Builders Association (IBA), explained that IBA was established in 1952, and the association leads, educates and advocates for safe and affordable housing. IBA represents approximately 3,000 companies, has 27 local chapters and is affiliate with the National Association of Home Builders (NAHB). House Enrolled Act (HEA) 1303 from 2015 was the impetus for IBA's initiative. IBA structured its proposal to meet the parameters of HEA 1303. Also, going back to Senate Enrolled Act (SEA) 421 from 2014, which established the concept of self-certification, IBA presented during that initiative as well. IBA looked at what other states were doing in regard to self-certification and that information helped gain momentum to pursue this registry. Mr. Wajda stated there was an interesting quote in IPLA's report on SEA 421 that he wished to reiterate to the committee. The quote reads, "By moving away from licensing and towards certification, Indiana will realize significant economic benefits including lower unemployment, fewer administrative costs, and greater competition in its labor markets. Residents will realize lower prices, more job opportunities, and the ability to make better choices about the services they buy and professionals they hire." Mr. Wajda is confident that IBA has met the parameters of both SEA 421 and HEA 1303.

Carlie Hopper, Governmental Affairs Director - IBA, broke down the process of how one will be able to participate in the registry. Ms. Hopper first explained the necessary qualifications to become a “State Registered” Home Builder or Home Remodeler. Initial registration requirements are as follows: (1) have an active NAHB designation (CGB, CGR, CGP, CAPS, GMB, GMR, Master CGP) and abide by the designation’s Code of Ethics & IBA’s Code of Ethics; or (2) have a bachelor’s degree or higher in a construction-related field and abide by IBA’s Code of Ethics. If one does not have a designation or bachelor’s degree, they must complete BAR or PREP and abide by IBA’s Code of Ethics. Ongoing registration requirements are as follows: (1) for designation and bachelor’s degree holders, one must complete 12 hours of continuing education biannually and pay the annual designation renewal fee; or (2) if one does not have an active designation, they must complete a 6-hour Customer Service course within first year and earn a designation within two years. The cost to an individual to be a “State Registered” Home Builder or Home Remodeler is broken down below, as explained by Ms. Hopper.

Initial training and registration cost:

State Registration Fee	\$50
BAR and PREP Examination	\$50/exam
IBA Administrative Costs	\$50
Marketing and Advertising	\$50
<i>Total initial cost range:</i>	<i>\$150 - \$200</i>

After initial registration:

State Registration Renewal Fee	\$25
IBA Administrative Costs	\$50
Marketing and Advertising	\$50
Designation Courses	\$35/hour
Designation Renewal Fee	\$55 (paid annually)
<i>Total ongoing cost range:</i>	<i>\$135 - \$655 (biannually)</i>

Ms. Hopper explained the process to be a “State Registered” Home Builder or Home Remodeler. An individual meet the education requirements, complete the application and pay fee to the State and to IBA. Ms. Hopper also explained how someone would be removed from the registry. The NAHB will decertify a designation holder who fails to meet the continuing education requirements or the fee renewal requirement for each designation. IBA will compare NAHB’s designation-holder list to the State Registered Home Builder and Remodeler lists to determine if any designation-holders have been decertified by NAHB. IBA will provide IPLA with an updated list of State Registered Home Builders and Remodelers no later than the end of each quarter during the pilot program. IBA’s Board of Directors may recommend to IPLA the suspension or revocation of an individual’s certification as a State Registered Home Builder or Home Remodeler due to a failure to obtain or maintain the requisite designation(s), for a violation of IBA’s Code of Ethics or the Code of Ethics associated with a respective applicable designation. The IBA Executive Committee may recommend to IPLA the suspension of a Home Builder or Remodeler from the State Registry if warranted by a sufficient threat to public health, safety and welfare, but such action shall be reviewed and affirmatively approved by the Board at its next meeting.

Ms. Hopper presented the benefits of becoming a “State Registered” Home Builder or Home Remodeler. The benefit to the state, she explained, was that the registry allowed responsiveness to consumer complaints by adding additional consumer protection. “Maintenance & Construction” was the third highest consumer complaint received by the Indiana Attorney General in 2015 despite Indiana’s local licensing requirements. There will be only a minimal cost to the state to implement the program, which

is covered by the registration fee. There will be No cost to the regulated community unless an individual chooses to pursue certification as a “State Registered” Home Builder or Home Remodeler. Benefit of the registry to consumers include an added level of protection, enhanced quality of work, and a free search to find “State Registered” contractors close to home. Benefits of the registry to contractors include the distinction of being “State Registered” Home Builder and/or Home Remodeler, it creates a competitive advantage in the marketplace, it provides a listing on state’s website, access to educational and training materials, and it’s voluntary, so contractors don’t have to do it if they don’t see the value.

Chair Frye asks how many contractors have expressed interest in participation. Mr. Wajda explained that their organization’s board of directors is unusually large, at over 150 members, and they represent all corners of the state. These members are soliciting input from their communities and the feedback received indicates a high level of interest.

Ms. Underwood asked how many other states license or register builders at the state level. Mr. Wajda stated that 25 other states regulate at the state level, between a half dozen and a dozen regulate at the local level and a handful, including Kentucky and Oklahoma, have a process similar to this registry.

Ms. Underwood asked what the cost was to join IBA. Mr. Wajda answered that it costs \$160 to join, but it is important to note that since the organization is a federation, once someone joins, at any level, they become a member of all levels of the organization.

Mr. Wright asked how the fees were calculated by IBA. Ms. Hopper answered that the fees are based on costs to IBA.

Mr. Miller commends IBA for their initiative to address consumer complaints and said it is a positive step forward by providing another option for consumers who usually do not have a personal relationship with the contractor before doing business with them.

Ms. Underwood explained that she once had a bad experience with a contractor, and in that situation she felt helpless as she imagined anyone would. She then asked how many people were in the business. Mr. Wajda answered that nationally the organization covers approximately 80% of single family home builders, 90% market share of units built in the state, but only about 33% of contractors in the state.

Chair Frye explained that before moving forward, the JCC will need to either approve or reject the application of the IBA to a supporting organization for participation in the Pilot Program for State Registration

As required by IC 25-1-18, Ms. Underwood motioned to recommend to the Executive Director of the Indiana Professional Licensing Agency (IPLA) that the Indiana Builders Association be approved as a Supporting Organization for participation in the Pilot Program for State Registration of Privately Certified Individuals.

Mr. Habig seconded the motion. Chair Frye abstained from the vote due to her position as Executive Director of IPLA.

Vote:

Chair Frye	Abstain
Ben French	Yes
John Wright	Yes
Lori Duncan	Yes

Joseph Habig Yes
Barbara Underwood Yes

The recommendation passed 5-0-1.

IV. COMMITTEE EVALUATION AND DISCUSSION OF OPTOMETRY PROFESSION

a. Report from the Indiana Optometry Board

Rae Harman, Indiana Optometry Board Director, listed the types of licenses the board oversees, which are as follows: Optometrist, Optometric Legend Drug Certificate, Controlled Substance Registration – Tramadol Only and Optometry Corporation. The board currently oversees a total of 1,454 licensees. Ms. Harman explained the function of each license, as follows: “Optometrist” covers the practice of any one of the following acts, or any combination of, or part of the following acts: examination or diagnosis of the human eye, to ascertain the presence of abnormal conditions or functions which may be diagnosed, corrected, remedied or relieved, or the application or prescription of lenses, prisms, exercises, or any physical, mechanical, physiological or psychological therapy, or the employment of any means, for the purpose of detecting any diseased or pathological condition of the eye; “Optometric Legend Drug Certificate is required for Optometrist’s administering, dispensing, and prescribing legend drugs. The Board established a formulary of legend drugs that may be prescribed, dispensed, or administered by an Optometrist; and “Controlled Substance Registration– Tramadol Only” allows a practitioner wishing to prescribe Tramadol is required to obtain a Controlled Substance Registration.

Ms. Harman explained the function and role of the board. The Board was established in accordance with IC 25-24-1 in 1907. Pursuant to IC 25-24-1-1, the board is comprised of six members appointed by the Governor. Primary functions of the board are to review credentials of license applicants, administer licenses to qualified individuals, promulgate rules, and implement administrative disciplinary actions against licensees who are not practicing according to the Board’s statutes and rules. The Board is in existence to maintain Indiana’s health, fiscal responsibility, safety, and welfare of the public and practitioners as it pertains to the regulation of the optometry industry. The Indiana Optometry Board operates with one (1) board director, one (1) assistant director (AD), and four (4) customer service representatives (CSR). IPLA is an umbrella agency for occupational licensing, so these staff members also work for the Indiana Board of Accountancy, Indiana Plumbing Commission, Indiana Occupational Therapy Committee, Indiana Physical Therapy Committee, and State Board of Massage Therapy. The starting salary for a CSR is \$22,724, the starting salary for an AD is \$33,748, and board directors start at \$41,574.

Ms. Harman also presented information on the cost of a license. Costs associated with an Optometrist license are as follows: (1) The applicant would apply for the license and pay the \$200 application/ jurisprudence exam/license fee; (2) The applicant would obtain a criminal background check, pursuant to IC 25-1-1.1-4, and pay \$39.70 to the background check company; (3) The applicant would need to pass all parts of the National Board Examiners (NBEO) in Optometry examination, which is paid directly to NBEO, which totals \$2,625; (4) the license is valid for two years and may be renewed “active” by filing a renewal application and fee of \$134; and (5) the license is valid for two years and may be renewed “inactive” by filing a renewal application and fee of \$84. Costs associated with the Optometric Legend Drug Certificate are as follows: (1) The applicant would apply for the certificate and pay the \$20.00 application/certificate fee; (2) Applicants must have an “active” Indiana Optometrist license before they can obtain an Indiana Optometric Legend Drug Certificate; and (3) The certificate is

valid for two years and may be renewed by filing a renewal application and fee of \$20.00.

Costs associated with a Controlled Substance Registration – Tramadol Only are as follows: (1) The applicant would apply for the registration and pay the \$60.00 application/registration fee; (2) Applicants must have an “active” Indiana Optometrist license and Indiana Optometric Legend Drug Certificate; and (3) The registration is valid for 2 years and may be renewed by filing a renewal application and fee of \$60.00.

Ms. Harman also explained to the committee the continuing education requirements. Licensed Optometrist must obtain at least twenty (20) hours of continuing education during each two (2) year licensing period. Optometric Legend Drug Certificate holders must obtain at least twenty (20) hours of continuing education during each two (2) year licensing period. If you are initially licensed between April 1 of even-numbered years and March 31 of the following odd-numbered year you are required to obtain ten (10) hours of continuing education for the initial renewal of the license. An optometrist initially licensed between April 1 of odd-numbered years and March 31 of the following even-numbered year are not required to obtain continuing education for the initial renewal of the license.

Mr. Habig asked is the Optometry Board oversees its licensees’ Controlled Substance Registrations (CSR). Ms. Harman answered that those are regulated by the Board of Pharmacy, as are any profession with a CSR.

James Hunter, O.D., an Indiana Optometry Board member and adjunct professor at the Indiana University School of Optometry, introduced himself and offered to answer questions from the committee. Ms. Duncan asked how long the education program is for optometrists. Dr. Hunter answered four years after one earns their undergraduate degree.

Chair Frye asked how many optometry student leave Indiana after graduating. Dr. Hunter answered that he believes the number is approximately 50%, but further believes that IU being a nationally ranked school factors heavily in such a figure. Chair Frye then asked how Indiana compares to other states concerning licensure fees. Dr. Hunter stated that Indiana has lower fees than other states.

Mr. Habig asked if optometrists can perform procedures with lasers. Dr. Hunter answered that they can, as well as a physician, but the Optometry Board only has oversight over the procedures that an optometrist is allowed to perform.

Mr. Miller asked is reciprocity is an issue. Dr. Hunter answered that he is not aware of any issues and Indiana provides licensure by endorsement and all states utilize the national exam.

b. Presentation from the Indiana Attorney General’s Office re. Optometry Board

Mr. Miller stated that the numbers of complaints related to the profession of Optometry have been consistent. The number of complaints is fairly low, which indicates the oversight of the profession to ensure public health and safety is working.

Ms. Underwood asked why a license might be suspended or revoked. Dr. Hunter responded that it is commonly because of disciplinary issues. Otherwise, it may be controlled substance diversion, CE issue or another issue. Fortunately, Dr. Hunter said, the board does not have to handle disciplinary matters often.

c. Reports from Optometry Profession Stakeholders

Jim Zieba, Executive Director - Indiana Optometric Association, stated Indiana has approximately 1,200 optometrists and the state is covered evenly. Optometrists are often the first to tell someone they have diabetes since symptoms manifest in the eyes first. Additionally, Mr. Zieba stated, optometrists perform several types of procedures, including, but not limited to, the administering of medications and debridement.

Chair Frye asked what percentage of the profession belongs to the association. Mr. Zieba answered approximately 70%.

Mr. Habig asked if optometrists participate in residency programs. Mr. Zieba answered that nationally, 45% do after schooling.

Chair Frye stated that presentations covering the optometry have concluded, fulfilling the statutory requirement for public, pursuant to IC 25-1-16-14.

V. COMMITTEE EVALUATION OF PODIATRY PROFESSION

a. Report from the Board of Podiatric Medicine

Darren Covington, Director of the Board of Podiatric Medicine, first listed the license types under the board, which are as follows: Podiatrist (DPM) License, Limited Podiatry Temporary License, Podiatric Corporation, Controlled Substance Registration and Podiatrist's Assistant. The total number of licensees under the board currently is 2,153.

Mr. Covington explained that the Board of Podiatric Medicine was established in 1993. Prior to this, podiatrists were regulated by the Medical Licensing Board of Indiana. The Board is required to hold at least one meeting a year. The board comprised of six members, all appointed by the Governor. Four are podiatrists actively engaged in the practice of podiatry for at least five years; and, two are consumer members. There is presently one consumer member vacancy. Members may only be removed for incompetency, neglect of duty or unprofessional conduct. Each appointed member may serve on the Board for an unlimited number of three year terms. Primary functions are to review credentials of license applicants, administer licenses to qualified individuals, promulgate rules, investigate violations and implement administrative disciplinary actions against licensees who are not practicing according to the Board's statutes and rules. The Board has the power to issue cease and desist orders to unlicensed individuals offering podiatric services. The Board is in existence to maintain Indiana's health, fiscal health, safety, and welfare of the public and practitioners as it pertains to the regulation of the practice of podiatric medicine. The Board recently adopted rules regarding opioid prescribing requirements, which are identical to those adopted by the Medical Licensing Board. These rules become effective around mid-August, 2016. IC 25-29-4 requires the Board to provide an examination twice a year, and charges the Board with approving, administering and scoring the examination. However, the Board currently does not issue its own examination, but instead requires applicants to pass the National Board of Podiatry Examiners examination.

Mr. Covington also touched on staffing of the board. The Board of Podiatric Medicine operates with one (1) board director, one (1) assistant director, four (4) customer service representatives, and one (1) litigation specialist. It is important to recognize that the IPLA is an umbrella agency for occupational licensing. These staff members also work for the Physician Assistant Committee, Medical Licensing Board of Indiana, Midwifery Committee and Indiana Dietitians Certification Board. The starting salary

for a Customer Service Representative is \$22,724. The starting salary for an Assistant Director is \$33,748, and the starting salary for a Board Director is \$41,574. Fringe benefits are in addition to these figures.

Mr. Covington shared recommendations from IPLA staff. Those recommendations are as follows:

Podiatrist's Assistant

P.L. 33-1993 established licensure of podiatrist's assistants. However, the Board has never promulgated rules regarding, or ever issued licenses for, podiatrist's assistants. Furthermore, IC 25-29-1-0.5 permits podiatrist's assistants to perform functions customary to the employing podiatrist's practice and under the podiatrist's direction and supervision without needing a license. This appears to be in contradiction to IC 25-29-8 which requires podiatrist's assistants to be licensed. They may not diagnose or prescribe; or administer medication (unless authorized by podiatrist). Similarly, medical assistants are not licensed by the Medical Licensing Board. Since no licenses have been issued since 1993, and the similar function of medical assistants are not licensed, it is recommended that IC 25-29-2-11(a)(2) and IC 25-29-8 be repealed.

Board Examination

As discussed previously, IC 25-29-4 requires the Board to approve, administer and score an examination. The Board no longer conducts its own examination but instead requires applicants to pass the National Board of Podiatric Examiners examination. It is recommended that changes be made to reflect current practice.

Medical Malpractice Insurance

IC 25-29-3-1(5) requires an applicant for licensure to have "proper medical malpractice insurance." Podiatrists are one of just a few health professions which are required to have malpractice insurance in order to obtain a license. For example, physicians are not required to. The staff recommends reviewing the necessity of this requirement.

Reciprocal Licenses

IC 25-29-5-1 allows the Board to issue a "reciprocal license" to an individual who did not take the Indiana state examination, but took a substantially similar examination. The applicant still has to meet all other requirements for licensure. Additionally, the applicant has to have practiced for at least 5 years in another state. Since all applicants must pass the national examination (instead of a specific state exam), this particular path to licensure is no longer necessary. It is recommended that IC 25-29-5-1 be repealed.

Limited Podiatry Temporary Licenses

IC 25-29-5-3 sets forth the requirements to obtain a limited podiatry temporary license. Currently, the applicant must meet all the requirements for licensure as a podiatrist, except passing the examination, graduation from a college or school of podiatric medicine, and completion of one year of postgraduate training. In practice, all individuals in postgraduate podiatry training programs will have graduated from a college or school of podiatric medicine. It is recommended that the reference to IC 25-29-3-1(3) in IC 25-29-5-3 be eliminated.

Finally, limited podiatry temporary license holders must also have medical malpractice insurance, although in practice, this is not common. While required by statute, the Board's rules do not require it. The resolution of the medical malpractice question may eliminate this issue; however, if it is retained for full licensure, an exception to that requirement should be made in IC 25-29-5-3.

License Renewal

IC 25-29-6-3 states that if a license has been expired more than four years, to be reinstated it must meet the reinstatement requirements of IC 25-18-6(d). If the license has been expired less than four years, the Board may reinstate the license if the requirements of IC 25-18-6(c) are met. However, IC 25-18-6(c) and (d) use three years. It is recommended that the four years be changed to three years.

IC 25-29-6-4 requires applicants for renewal to disclose any treatments for addiction; physical injury, disease or mental illness affecting the ability to practice; and evidence of compliance with continuing education during the preceding four years. Since the renewal cycle is every two years, it is recommended that this be changed from four to two years.

Mr. Habig asked if the committee's final recommendation made last month includes this board. Mr. Fox answered that if the recommendation is embodied in legislation during the 2017 session, it will likely encompass all applicable corporation certificates under IPLA.

b. Presentation from the Indiana Attorney General's Office re. Board of Podiatric Medicine

Mr. Miller explained that fraud sometimes includes billing disputes. The numbers related to litigation completed are relatively small for this board. The consumer complaint process with board is as smooth as possible and applauds the board for its efforts.

c. Reports from Podiatric Profession Stakeholders

Dr. Richard Stanley, Indiana Podiatric Medical Association, explained that Podiatric Medicine is the medical specialty focusing on feet and ankles. Training required includes completing a four year undergraduate program, four year podiatry school and three year residency program. Practice styles vary widely, from small groups to hospitals. Dr. Stanley applauded the State Board and said it has done great job policing individuals.

Chair Frye asked if there are enough residency slots? Dr. Stanley stated that because of the recent financial pinch on healthcare, it has been difficult to create more residency slots, but the profession can always use more. Chair Frye followed up and asked if the state served well with current number of slots. Dr. Stanley answered in the affirmative and explained that many have satellite offices to address rural areas where demand may not be as high as urban areas.

Mr. Miller asked if the association could explain why it believes the board needs to be more proactive in protecting patients in Indiana if Medicare and Medicaid shared claims data with the board to identify outliers in procedure volumes. Dr. Stanley answered that Medicare has started cataloging providers that appear to be outliers (higher number of procedures compared to colleagues) and the association would like to see that data available to the board.

Ms. Underwood asked how the association feels about the requirement for medical malpractice insurance when doctors of medicine are not even required to have it. Dr. Stanley answered that there are no concerns, nobody would hire you without the insurance even if it wasn't required.

Mark Schlichter, former member of the Board of Podiatric Medicine, commented that changes to board administration in recent years has been great. The board's purpose is to serve and protect the public. For example, if you have a medical malpractice payout of over \$50,000, you have to come in and explain it to the board. This allows the board to keep practitioners accountable and to catch outliers.

Ms. Duncan asked if covering 60% of practitioners is a low percentage of the market share. Dr. Stanley answered that many are retired, so they may not be a member of the association.

Chair Frye asked if the association believes the fees are comparable to other states. Dr. Stanley answered in the affirmative and stated Indiana is in the middle of the road.

Chair Frye stated that presentations covering the optometry have concluded, fulfilling the statutory requirement for public, pursuant to IC 25-1-16-14.

VI. ADJOURNMENT

The Jobs Creation Committee adjourned at 11:15 AM.